

## **NOTICE**

**Pennsylvania Rule of Civil Procedure 205.5. (Cover Sheet) provides, in part:**

**Rule 205.5. Cover Sheet**

(a)(1) This rule shall apply to all actions governed by the rules of civil procedure except the following:

- (i) actions pursuant to the Protection from Abuse Act, Rules 1901 et seq.
- (ii) actions for support, Rules 1910.1 et seq.
- (iii) actions for custody, partial custody and visitation of minor children, Rules 1915.1 et seq.

- (iv) actions for divorce or annulment of marriage, Rules 1920.1 et seq.
- (v) actions in domestic relations generally, including paternity actions, Rules 1930.1 et seq.

- (vi) voluntary mediation in custody actions, Rules 1940.1 et seq.

(2) At the commencement of any action, the party initiating the action shall complete the cover sheet set forth in subdivision (e) and file it with the prothonotary.

(b) The prothonotary shall not accept a filing commencing an action without a completed cover sheet.

- (c) The prothonotary shall assist a party appearing pro se in the completion of the form.

(d) A judicial district which has implemented an electronic filing system pursuant to Rule 205.4 and has promulgated those procedures pursuant to Rule 239.9 shall be exempt from the provisions of this rule.

(e) The Court Administrator of Pennsylvania, in conjunction with the Civil Procedural Rules Committee, shall design and publish the cover sheet. The latest version of the form shall be published on the website of the Administrative Office of Pennsylvania Courts at .

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF

## CIVIL COMPLAINT

Mag. Dist. No:		
MDJ Name:		
Address:		
Telephone:		
	AMOUNT	DATE PAID
FILING COSTS	\$ _____	
POSTAGE	\$ _____	
SERVICE COSTS	\$ _____	
CONSTABLE ED.	\$ _____	
TOTAL	\$ _____	

PLAINTIFF: NAME and ADDRESS

Gabriel Blackwell  
612 W 18th St  
Chester PA 19013

DEFENDANT: V. NAME and ADDRESS

United Auto Credit  
PO Box 163049  
Ft. Worth TX 76161

Docket No:

Case Filed:

Pa.R.C.P.M.D.J. No. 206 sets forth those costs recoverable by the prevailing party.

To The Defendant: The above named plaintiff(s) asks judgment against you for \$ 150,000.00 together with costs upon the following claim (Civil fines must include citation of the statute or ordinance violated):

Violations under 15 USC 1692 b(5), c(b), d(2), e(2)(a), e(8), violation of a cease and desist order, attempting to collect an unvalidated alleged debt, and personal damages to health and reputation.

I, Gabriel Blackwell verify that the facts set forth in this complaint are true and correct to the best of my knowledge, information, and belief. This statement is made subject to the penalties of Section 4904 of the Crimes Code (18 PA. C.S. § 4904) related to unsworn falsification to authorities.

I certify that this filing complies with the provisions of the Case Records Public Access Policy of the Unified Judicial System of Pennsylvania that require filing confidential information and documents differently than non-confidential information and documents.

(Signature of Plaintiff or Authorized Agent)

The plaintiff's attorney shall file an entry of appearance with the magisterial district court pursuant to Pa.R.C.P.M.D.J. 207.1

If you intend to enter a defense to this complaint, you should notify this office immediately at the above telephone number. You must appear at the hearing and present your defense. Unless you do, judgment may be entered against you by default.

If you have a claim against the plaintiff which is within the magisterial district judge jurisdiction and which you intend to assert at the hearing, you must file it on a complaint form at this office at least five days before the date set for the hearing.

If you are disabled and require a reasonable accommodation to gain access to the Magisterial District Court and its services, please contact the Magisterial District Court at the above address or telephone number. We are unable to provide transportation.

**Supreme Court of Pennsylvania****Court of Common Pleas  
Civil Cover Sheet**DelawareCounty*For Prothonotary Use Only:*

Docket No:

<b>Commencement of Action:</b>	
<input type="checkbox"/> Complaint	<input type="checkbox"/> Writ of Summons
<input type="checkbox"/> Transfer from Another Jurisdiction	<input type="checkbox"/> Petition
<input type="checkbox"/> Declaration of Taking	
<b>S E C T I O N A L I N F O R M A T I O N</b>	
Lead Plaintiff's Name: <u>Gabriel Blackwell</u>	
Lead Defendant's Name: <u>United Auto Credit</u>	
Are money damages requested? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Dollar Amount Requested: _____ (check one) <input type="checkbox"/> within arbitration limits <input checked="" type="checkbox"/> outside arbitration limits	
Is this a <i>Class Action Suit?</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this an <i>MDJ Appeal?</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name of Plaintiff/Appellant's Attorney: <u>N/A</u> <input type="checkbox"/>	

<b>Nature of the Case:</b> Place an "X" to the left of the <b>ONE</b> case category that most accurately describes your <b>PRIMARY CASE</b> . If you are making more than one type of claim, check the one that you consider most important.		
<b>TORT (do not include Mass Tort)</b>	<b>CONTRACT (do not include Judgments)</b>	<b>CIVIL APPEALS</b>
<input type="checkbox"/> Intentional <input type="checkbox"/> Malicious Prosecution <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Nuisance <input type="checkbox"/> Premises Liability <input type="checkbox"/> Product Liability ( <i>does not include mass tort</i> ) <input type="checkbox"/> Slander/Libel/ Defamation <input type="checkbox"/> Other: <hr/> <hr/>	<input type="checkbox"/> Buyer Plaintiff <input type="checkbox"/> Debt Collection: Credit Card <input checked="" type="checkbox"/> Debt Collection: Other <hr/> <input type="checkbox"/> Employment Dispute: Discrimination <input type="checkbox"/> Employment Dispute: Other <hr/> <input type="checkbox"/> Other: <hr/> <hr/>	Administrative Agencies <input type="checkbox"/> Board of Assessment <input type="checkbox"/> Board of Elections <input type="checkbox"/> Dept. of Transportation <input type="checkbox"/> Statutory Appeal: Other <hr/> <input type="checkbox"/> Zoning Board <input type="checkbox"/> Other: <hr/> <hr/>
<b>MASS TORT</b>		
<input type="checkbox"/> Asbestos <input type="checkbox"/> Tobacco <input type="checkbox"/> Toxic Tort - DES <input type="checkbox"/> Toxic Tort - Implant <input type="checkbox"/> Toxic Waste <input type="checkbox"/> Other: <hr/> <hr/>		

<b>B E C T I O N B</b>	<b>REAL PROPERTY</b>	<b>MISCELLANEOUS</b>
<b>PROFESSIONAL LIABILITY</b>	<input type="checkbox"/> Ejectment <input type="checkbox"/> Eminent Domain/Condemnation <input type="checkbox"/> Ground Rent <input type="checkbox"/> Landlord/Tenant Dispute <input type="checkbox"/> Mortgage Foreclosure: Residential <input type="checkbox"/> Mortgage Foreclosure: Commercial <input type="checkbox"/> Partition <input type="checkbox"/> Quiet Title <input type="checkbox"/> Other: <hr/> <hr/>	<input type="checkbox"/> Common Law/Statutory Arbitration <input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Mandamus <input type="checkbox"/> Non-Domestic Relations <input type="checkbox"/> Restraining Order <input type="checkbox"/> Quo Warranto <input type="checkbox"/> Replevin <input type="checkbox"/> Other: <hr/> <hr/>
<input type="checkbox"/> Dental <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Other Professional: <hr/> <hr/>		

Gabriel Blackwell

PLAINTIFF

vs.

United Auto Credit

DEFENDANT

IN THE COURT OF COMMON PLEAS  
OF DELAWARE COUNTY, PENNSYLVANIA

NO. \_\_\_\_\_

## **ENTRY OF APPEARANCE AS A SELF-REPRESENTED PARTY**

1. I am the  Plaintiff  Defendant in the above-captioned ( select one )  custody,  divorce,  support,  protection from abuse,  paternity case.

2.  This is a new case and I am representing myself in this case and have decided not to hire an attorney to represent me.

OR (check only one box)

This is NOT a new case and \_\_\_\_\_ previously represented me in this case.  
(Name of Attorney)

However, I have decided not to be represented by that attorney and hereby direct the Office of Judicial Support to remove that attorney as counsel of record in this case.

I have provided a copy of this form to that attorney listed above at the following address:

3. My address for the purpose of receiving all future pleadings and other legal notices is:

612 W 13th St Chester PA 19013 ;

AND I understand that this address will be the only location to which important documents are sent, and that I am fully responsible to regularly check my mail at such address to ensure that I don't miss important dates or proceedings.

This is my home address.

This is not my home address.

4. My home telephone number is: \_\_\_\_\_ My email address is: lineofverse@gmail.com

My cellular telephone number is: (302)482-5885 My facsimile number is: \_\_\_\_\_

5.  I UNDERSTAND THAT I MUST FILE A NEW FORM EVERY TIME MY ADDRESS, HOME TELEPHONE NUMBER OR CELLULAR TELEPHONE NUMBER CHANGES – NO EXCEPTIONS!

6.  I have provided a copy of this form to all other attorneys or other self-represented parties at the following addresses as listed below:

Name \_\_\_\_\_ Address \_\_\_\_\_

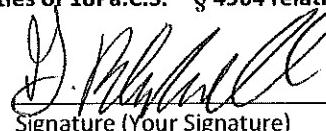
Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

7.  I fully understand that by deciding to represent myself, the Court will hold me to the same standards of knowledge regarding the Statutory Law, Evidence Law, Local and State Rules of Procedure and applicable case law as a Pennsylvania licensed attorney, and that I must be fully prepared to meet those responsibilities.

I verify that the statements made in this Entry of Appearance as a Self-Represented Party are true and correct. I understand that if I make false statements herein, that I am subject to the criminal penalties of 18Pa.C.S. § 4904 relating to unsworn falsification to authorities which could result in a fine and/or prison term.

  
Signature (Your Signature)

12/19/2020

Date

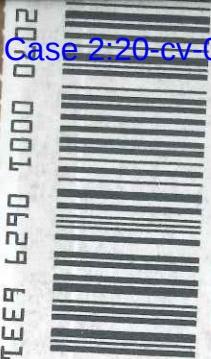
FROM:

Gabriel Blackwell  
612 W 13<sup>th</sup> St  
Chester, PA 19013

CERTIFIED MAIL®

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

OF THE RETURN ADDRESS. FOLD AT DOTTED LINE



2010 0001 0629 6331

RETURN RECEIPT  
REQUESTED

TO:

US Court House  
601 Market St  
Philadelphia, PA 19106

RETURN RECEIPT  
REQUESTED

RETURN RECEIPT  
REQUESTED



1000

19106



U.S. POSTAGE PAID  
FROM LOREN V.  
HOTZ  
19013  
DEC 19 20  
AMOUNT  
**\$8.00**  
R2304E104796-03